

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51								
2			/				52								
3			/				53								
4			/				54								
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47			/				97								
48			/				98								
49			/				99								
50			/				100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								